



Grades 8-10

Mental Health Units of Instruction

Suicide Prevention

Issues in Mental Health: Suicide Prevention Grades 8-10

Preventing a Permanent Solution to
a Temporary Problem

Developed by
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Introduction

This unit of instruction is designed to help teachers and pupil services personnel implement up to a week-long set of lessons that builds on the essential knowledge and skills in suicide prevention. In order to implement this set of lessons you will need to use the video from the curriculum “S.O.S: Signs of Suicide.”

There are six lessons in this unit that all have an assessment component built in:

1. “What is Your Depression/Suicide IQ?” presents the Wisconsin norms related to depression and suicide from the 2009 Youth Risk Behavior Survey.
2. “S.O.S.—It’s Time to A.C.T.” uses the *S.O.S.* video to present information on warning signs and skills to handle these warning signs.
3. “Phone Booth” presents scripts related to asking for help and students assess what warning signs are being communicated.
4. “Lights! Camera! Action!” has students develop suicide prevention stories based on computer-generated pictures.
5. “Apples to Apples” is a review game that can be used as an assessment of vocabulary as well as high-level thinking skills and strategy.
6. “Crisis Card” is a culminating assessment that has students find community resources to address issues surrounding depression and suicide.

Learning Objectives

The student will be able to:

1. List warning signs of a possible suicide.
2. Demonstrate the prevention skill of A.C.T. (acknowledge, care, tell) in real life scenarios.
3. Demonstrate the ability to find community resources that can help prevent a possible suicide.
4. Understand the norms surrounding suicide.

The program entitled “S.O.S.: Signs of Suicide” can be ordered from:

Screening for Mental Health
One Washington Street, Suite 304
Wellesley Hills, MA 02841
Phone: 781-239-0071
www.mentalhealthscreening.org

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We owe a great deal to the following three educators who helped develop the lessons in this publication for use in Wisconsin schools. They are:

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Health and Physical Education
Teacher
Hortonville School District

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Health and Physical Education
Teacher
Lodi School District

Margaret Whaley
Health and Physical Education
Teacher
Menomonee Falls School District

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Educator Preparation Before the Delivery of the Suicide Prevention Curriculum

This section provides information regarding cautions and issues to help you successfully deliver this unit of instruction.

Suicide is preventable: There are many evidence-based strategies that schools can utilize to prevent suicide among their students. The Department of Public Instruction (DPI) offers a single-day training to help schools build a comprehensive, multi-strategy, school-based suicide prevention program. Because suicide is such a sensitive topic, educators are strongly encouraged to attend one of these trainings prior to utilizing DPI's curriculum. More information about the training is available at <http://www.dpi.wi.gov/sspw/pdf/sspwtraining.pdf>. Another alternative is to watch the webcast available at <http://dpimedia.wi.gov/main/Viewer/?peid=9eae378b3daa4f23992cc82b6d46b641>.

The team approach: For any topics that deal with the potential for other- or self-directed harm (i.e., suicide, child abuse, bullying, dating violence), the DPI believes it is important to have a pupil services professional partner with the classroom teacher to deliver the curriculum. The pupil services professional may serve mainly in the role of observer or present one or more lessons. Both the teacher and the pupil services professional should look for non-verbal cues, as well as verbal responses, of students that may warrant an individual contact with a student outside of the classroom. It is important for the pupil services professional to share with students at the beginning of the unit that he/she is willing to help with any concerns students might have on suicide-related issues.

High risk students: We know from data related to suicide completions and attempts that students in some groups are statistically at higher risk for suicide than other students. These groups include, but are not limited to:

- students with mental illness;
- students who have previously attempted suicide or who know someone who completed a suicide;
- victims of abuse or bullying;
- students who are gay, lesbian, bisexual, transgendered, or questioning their sexuality (especially if their families do not accept their sexuality);
- perfectionists and high-achievers;
- American Indian students and white, male students;
- potential dropouts;
- students who are highly aggressive or impulsive; and
- students who abuse alcohol or other drugs.

You may know students in your classroom that fall into one or more of these groups, but it is likely that some are unknown to you. These students may withdraw from the class discussion or make sarcastic or off-topic comments about the issue. Through prior discussion with and participation by a member of your pupil services staff in the classroom instruction, you can be prepared for a range of student responses. If the student seems upset or angry, a referral to an appropriate pupil services professional is in order.

Co-occurring suicide risk and substance abuse: Alcohol and other drug abuse may add to the risk for suicide attempts. We have not included comprehensive information on the effects of substance abuse in combination with a suicide risk in this curriculum. If you wish to address this issue in conjunction with suicide prevention, we recommend you consult with a pupil services professional in your school or a substance abuse counselor in your community.

Systematic delivery of the knowledge and skills presented in this curriculum: Because of the importance of this critical health issue, it is of great value to share this unit with school staff and community agencies that are connected to youth suicide prevention and intervention services. It is critical that everyone working in a school understand the key pieces of knowledge and skills the students will be learning. Suicide prevention can be enhanced through common language, effective intervention strategies, and community commitment.

Parental support can be beneficial on this issue: Because of the sensitivity of this subject, it is critical to make parents aware of the unit before it is implemented. This can be done in a variety of ways, including having your students develop brochures to give to their parents to increase awareness of the knowledge and skills your students are learning.

Addressing cultural competence: Suicide affects both genders, and all races and ethnicities. It is important to include the contributions, images, and experiences of diverse cultural groups in this unit of instruction.

Additional resources available: There are a number of high-quality resources available to support school-based suicide prevention. Some of these include:

- Screening for Mental Health: <http://www.mentalhealthscreening.org/>
- Suicide Prevention Resource Center: <http://www.sprc.org/>
- Substance Abuse and Mental Health Administration: <http://store.samhsa.gov/home>
- School Based Youth Suicide Prevention Guide: <http://theguide.fmhi.usf.edu/>
- American Association of Suicidology: <http://www.suicidology.org/web/guest/home>
- Gay Straight Alliance for Safe Schools: <http://www.gsaforsafeschools.org/>
- Means Matter: <http://www.hsph.harvard.edu/means-matter/>

What is Your Depression/Suicide IQ?

1

Student Instructions

We are going to be studying suicide and its prevention over the next week. Your first task is put down your best guess as to the percentage of Wisconsin high school students who have reported engaging in the following:

1. During the past twelve months, _____% of Wisconsin high school students (grades 9-12) felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.
2. During the past twelve months, _____% of Wisconsin high school students seriously considered attempting suicide.
3. During the past twelve months, _____% of Wisconsin high school girls seriously considered attempting suicide.
4. _____% of students who reported actually attempting suicide.
5. Of those students who attempted suicide in the past twelve months as reported in the previous statement, _____% of the students report their attempts resulted in injury, poisoning, or overdose that was treated by a doctor or nurse.
6. How many suicide attempts result in a completed suicide nationally _____ and in Wisconsin _____? (2004 national data)
7. Where does Wisconsin rate nationally in youth suicide? _____

Check your answers with those given by your teacher. Put a star by those items where you overestimated the answer by 5 percent or more.

Department of Public Instruction
Wisconsin Youth Risk Behavior Survey 2009

Educator's Note: The quotes that appear in the margins reflect what people, some famous, have said about mental health and its impact on suicide.

Teacher's Information

Note for teachers: Though suicide is not a common event, Wisconsin is one of the top fifteen in youth suicide rates (14th).

Learning Objectives

The student will:

1. Know the proportion of Wisconsin high school students who report experiencing depression, have suicidal thoughts, or who have engaged in suicidal behaviors.

Answers

1. 21% Q23 (sad, hopeless)—1 in 5 in Wisconsin
2. 13%* Q24 (seriously considered)—1 in 8
3. 16%** Q24 (seriously considered by gender)
4. 6% Q26 (actual attempt)—1 in 16
5. 33% Q27 (actual attempt and injury resulted 2% of the 6% who reported an actual attempt)—1 in 50
6. 1 in 12,000 nationally; 1 in 10,000 in Wisconsin
7. 14th. in the country (2009 CDC state data on completed youth suicides)

* Significant decrease between 1993 and 2009, 27% vs. 13%.

** Females are significantly more likely to have seriously considered attempting suicide in the past twelve months than males, 16% vs. 10%.

Note: 21% of high school students felt sad/hopeless, but a lot fewer attempted suicide. Depression is common when going through a troubled time or crisis. Suicide is not a common response to depression. Suicide is a permanent solution to a temporary problem. When someone talks about suicide, take it seriously. In middle school, a majority of youth who make a suicide plan, actually go on to make an attempt. Follow the steps in the next lesson of how to respond. Adding your school/local data on suicide may be helpful to discuss here.

Teacher Mini-Lesson

In this lesson you will be exploring the norms related to suicide and depression in Wisconsin and the United States for Q7 and Q8 from the 2009 Youth Risk Behavior Survey. Please emphasize that completed suicide is not the norm in 1 in 12,000, but it is much higher in Wisconsin—1 in 10,000. Students may ask why we are higher than Minnesota and Illinois. Studies have pointed out the access to firearms (highly lethal) and binge drinking (making the act easier) as possible reasons.

S.O.S.—It's Time to A.C.T.

2

The goal of this lesson is to demonstrate suicide warning signs and skills youth can apply to prevent suicide.

Student Instructions

The following situations from the *S.O.S.* video describe potential suicide situations. Your task is to answer the following questions on the worksheet using the A.C.T. process, discuss your answer with a partner and be ready to discuss your answer with the class.

1. **A**cknowledge that your friend has a problem and that the symptoms are serious.
2. **C**are—let them know that you care about them and that you want to help them.
3. **T**ell a trusted adult about your concerns. Just telling the right person can make all the difference.

Assessment Criteria

Answers may be scored on the following:

1. How completely and correctly you demonstrate an understanding of health concepts related to suicide prevention, and use the A.C.T. process.
2. How well you effectively communicate your answer.

S.O.S. Signs of Suicide Video—Worksheet

Vignette 1: Boys discussing SAT scores

1. What are the signs that this student is depressed and/or suicidal?
2. How did his friend use the A.C.T. process?

Vignette 2: Girl struggles with the breakup with her boyfriend.

1. What are the signs that this student is depressed and/or suicidal?
2. How did her brother use the A.C.T. process?

Vignette 3: Boy who is always being picked on.

1. What are the signs that this student is depressed and/or at risk to do harm?
2. How did the students use the A.C.T. process?

Vignette 4: Boy lying on bed who has stopped interacting with friends.

1. What are the signs that this person is depressed and/or suicidal?
2. How did his friend use the A.C.T. process?

Teacher Information

Learning Objectives

The student will be able to:

1. List warning signs related to suicide prevention.
2. Analyze the use of the skill A.C.T. in practical real scenarios.

Curriculum Connections

Family and Consumer Education, Social Studies, Peer Mediation

Overview

This assessment could be used as an introductory or culminating activity. The students will view the *S.O.S.* video and answer the questions on the worksheet. You may want to have them jot down ideas while watching a vignette, stop the video when the vignette is complete and have the students write down their answers.

Requirements

The following situations from the video entitled *S.O.S.* describe potential suicide situations. The student's task is to answer the following questions on the worksheet using the A.C.T. process, discuss her or his answers with a partner, and be ready to discuss his or her answers with the class.

1. **Acknowledge** that your friend has a problem and that the symptoms are serious.
2. **Care**—let them know that you care about them and that you want to help them.
3. **Tell** a trusted adult about your concerns. Just telling the right person can make all the difference.

Time

This activity will take one to two class periods (45 minutes per period).

Materials

The program entitled *S.O.S.—Get into the A.C.T.* can be ordered from:

Screening for Mental Health
One Washington Street, Suite 304
Wellesley Hills, MA 02481
Phone: 781-239-0071
www.mentalhealthscreening.org

Student worksheet

Teacher Prompts

This activity could be used as a pre- or post-unit activity. You should discuss the warning signs and whether the person applied A.C.T. to help the person in need.

Assessment Criteria

Answers can be scored on the following:

1. How completely and correctly the students demonstrate an understanding of health concepts related to suicide prevention, and use of the A.C.T. process.
2. How well the students effectively communicate their answers.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

The answers need to include the components of A.C.T. (acknowledge, care, tell) in each of the answers and the warning signs demonstrated in each scenario.

Phone Booth: Scripts Related to Suicide Warning Signs

3

The goal of this lesson is to provide practice in recognizing suicidal warning signs.

Student Instructions

Many suicidal individuals talk about their suicidal feelings or plans before they attempt the suicide act. It is important to listen to these “cries for help” by practicing the A.C.T. (acknowledge, care, tell) technique discussed in this unit.

An individual working at a suicide hot line has been given information about suicide myths. One myth is that if you talk about suicide, you are more likely to attempt suicide. These hot line volunteers use the Warning Signs of Suicide lists to help them determine the risk level of the caller for attempting suicide.

Your task is to work in pairs to develop a script where a person is calling the hot line. The other person is trying to communicate with the person calling and helping that person address the problems presented. The other students will listen to your script using the warning signs “checklist” to determine how many warning signs are in the script. A discussion of the number of warning signs will follow.

Assessment Criteria

Answers may be scored on the following:

1. How well you understand suicide warning signs.
2. How well you incorporate A.C.T. (acknowledge, care, tell) into your script.
3. How well you use interpersonal communication to enhance health.

Warning Signs of Suicide

Suicide is a relatively rare event. It is hard to predict who will attempt suicide. However, there are some urgent warning signs. Warning signs are observable changes, behaviors, or statements that indicate directly or indirectly that an individual is contemplating suicide.

Urgent Warning Signs

If you hear or see one of these, talk with a responsible adult right away, call 9-1-1, or seek immediate help from a mental health provider:

- Someone **threatening** to hurt or kill themselves;
- Someone **looking for ways to kill themselves**: seeking access to pills, weapons, or other means; or
- Someone **talking or writing about death**, dying, or suicide.

General Warning Signs

Warning signs can be organized around the acronym “F.A.C.T.s.” Some of these signs are not as urgent, but can still give important clues about someone’s suicidal intent. Pay attention if you witness, hear, or see anyone exhibiting any one or more of these behaviors, and ACT. If you see or hear about someone exhibiting one or more of these, TELL a responsible adult, contact a mental health professional, or call 1-800-273-TALK (1-800-273-8255) for a referral. Place a mark by those that are in the script or are URGENT.

We want you to:
“ACT on the FACTs”

WARNING SIGNS	Mentioned in Script	URGENT
FEELINGS:		
• Hopeless—“Things will never get better.” “There’s no point in trying.”		
• Helpless—“There’s nothing I can do about it.” “I can’t do anything right.”		
• Worthless—“Everyone would be better off without me.” “I have no reason to live.”		
• Guilt, shame, self-hatred—“What I did was unforgivable.” “I’m useless.”		
• Pervasive sadness.		
• Persistent anxiety or agitation.		
• Feeling trapped—like there’s no way out.		
• Persistent, uncharacteristic anger, hostility, or irritability.		
• Confusion—can’t think straight, make decisions.		
ACTIONS:		
• Uncharacteristic aggression, rage, seeking revenge.		
• Uncharacteristic risk taking, recklessness without thinking.		
• Withdraw from friends/activities, family or society.		
• Becoming accident prone.		
• Recent losses—death, divorce, relationship, job, status, self-esteem.		
• Getting into trouble, discipline problems.		
• Increasing drug or alcohol use.		
• Themes of death or destruction in talk, writing, or websites.		

WARNING SIGNS	Mentioned in Script	URGENT
CHANGES:		
• Personality—more withdrawn, low energy, "don't care" attitude or more boisterous, talkative, outgoing.		
• Can't concentrate on school, work, routine tasks.		
• Loss of interest in hobbies or work.		
• Marked decrease in school or work performance.		
• Unable to eat/sleep, or sleeping/eating all the time.		
• Sudden improvement after being down or withdrawn.		
• Dramatic mood change.		
THREATS:		
• Statements—talking about suicide directly or indirectly, written themes of death, preoccupation with death.		
• Threats—"I won't be around much longer," writing suicide note, making a direct threat.		
• Plans—giving away prized possessions, making arrangements for a funeral, studying drug effects, obtaining a weapon.		

Teacher Information

Learning Objectives

The student will:

1. Demonstrate knowledge of warning signs of a possible suicide as they relate to real life situations.
2. Create scenarios that have warning signs related to suicide.

Curriculum Connections

Social Studies, Peer Mediation, Family and Consumer Education

Overview

Students develop and read a script to the class where a citizen calls a hot line communicating warning signs that could lead to a suicide attempt. The rest of the class will analyze the level of risk using a checklist provided in this activity.

Requirements

The students will be working in pairs and will create a role-play script where a certain number of warning signs are brought out in the script. They can use the “Warning Signs” information sheet to help guide the development of the script. The rest of the class will use the warning sign worksheet to see how many signs are mentioned in the script. A class discussion will follow. **Emphasize to your students that each warning sign is a possible message that a student may be experiencing mental health or emotional problems. Though it may not lead to a suicide plan or attempt, you need to communicate to your students that they should consider applying A.C.T. to handling the situation.**

Time

This activity will take two to three class periods for development, presentations, and class discussion.

Materials

Papers and pens, checklists, and handouts.

Instruction

Preliminary classroom activities will include lessons on the A.C.T. process and the warning signs of suicide.

Assessment Criteria

Answers can be scored on the following:

1. How well the student understands health concepts as they relate to suicide warning signs.

2. How well the student incorporates A.C.T. (acknowledge, care, tell) into their script.
3. How well the student uses interpersonal communication to enhance health.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

“Phone Booth” Script Related to Suicide Behaviors and Warnings

Role Players: This scenario is a call to a suicide hot line.

Scene Set-up: Sam has many concerns and, based on a previous suicide attempt, is calling the Wellview County Hot Line for help and speaks to Pat, a suicide prevention counselor.

Pat: Hello, this is the Wellview County Hot Line. How can I help you?

Sam: My boyfriend left me today and my life is not worth living.

Pat: It seems like you were really close with him.

Sam: He was my soul mate. Ever since I lost my parents (or guardians) in an auto accident last year he has been my best friend, but then Terri came on the scene.

Pat: I am very concerned about you at this time.

Sam: This is not the first time I have thought about this. When I was in college I took an overdose and nearly died, but my life has gone well for the last five years. I am happy with the treatment I received and my family was real supportive when I lost my job last year.

Pat: I think we need to talk further about your life. Can you come to the mental health center?

Sam: Yes, but it will have to be tomorrow because I am just exhausted after this day.

Pat: I want you to come to the office in the county building first thing tomorrow. Promise me you will be there. Can I tell a family member about my concern for you?

Sam: Not at this time, but I promise to not do anything, and thanks for your concern.

These scripts should be more extensive, but this scenario had between four and seven warning signs.

LIGHTS! CAMERA! ACTION!

The goal of this lesson is to provide practice in a literacy format in recognizing warning signs and applying A.C.T. to save a person's life.

Student Instructions

Your task, as a team of five, is to develop a film story line based on your understanding of the health concepts related to suicide and suicide prevention.

You will be provided with one movie piece per person, a piece of poster paper, and pieces of scotch tape. You need to use all the materials given to produce a short story line that must include one warning sign and A.C.T. You may also fill in your own words to make the film more interesting. Here is an example:

Movie pieces:	SAD	FAMILY	SCHOOL
	RELATIONSHIPS	HELP	

Film story line:

Lately Tom has been feeling very SAD because SCHOOL, FAMILY, and RELATIONSHIPS are overwhelming. Tom's friend Bill thinks Tom needs HELP and brings him to the school counselor where he receives counseling to address his feelings of sadness.

Assessment Criteria

Answers may be scored on the following:

1. How completely and correctly you demonstrate an understanding of health concepts related to suicide prevention.

4

*Music is your only friend,
until the end.*
—The Doors

Teacher Information

Learning Objectives

The students will:

1. Demonstrate an understanding of A.C.T. (acknowledge, care, tell).
2. Demonstrate the ability to connect suicide warning signs to skills for the prevention of the potential suicide.

Curriculum Connections

Language Arts, Social Studies, Peer Mediation, Family and Consumer Education, At-Risk Groups

Overview

The students will use their knowledge to develop a mini film based on their understanding of the health concepts related to suicide and suicide prevention.

Requirements

Using the materials you provide, the students will produce a short film. They may use the movie pieces or fill in their own words to make the film more interesting.

Time

This activity requires one class period (45 minutes).

Materials

Five movie pieces, piece of poster paper, and pieces of scotch tape for each group of five.

Instruction

Classroom discussion on suicide and suicide prevention should be done prior to this activity.

Assessment Criteria

Answers can be scored on the following:

1. How completely and correctly the students demonstrate an understanding of health concepts related to suicide prevention.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

Movie pieces: SAD FAMILY SCHOOL
 RELATIONSHIPS HELP

Actual story line:

Lately Tom has been feeling very SAD because SCHOOL, FAMILY, and RELATIONSHIPS are overwhelming. Tom's friend Bill thinks Tom needs HELP and brings him to the school counselor where he receives counseling to address his feelings of sadness.

Lights! Camera! Action!
Movie Pieces Cutouts

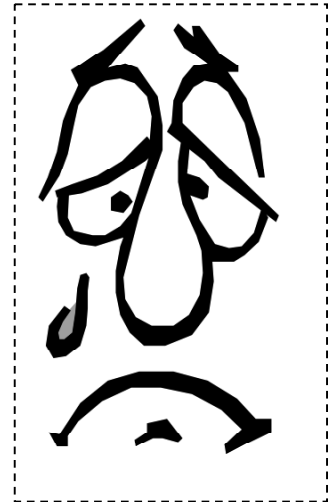
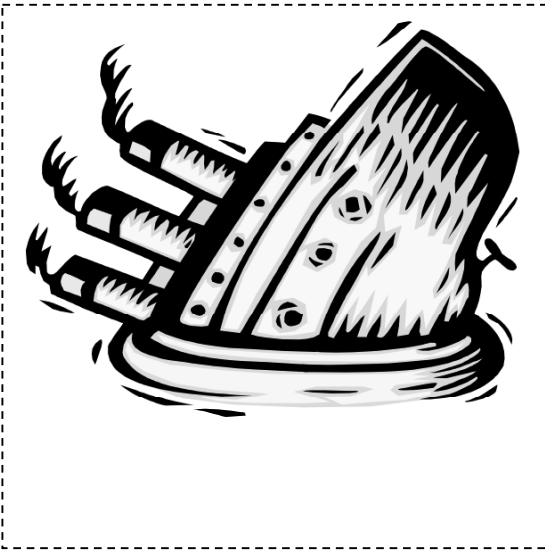
Attention!

School counselor

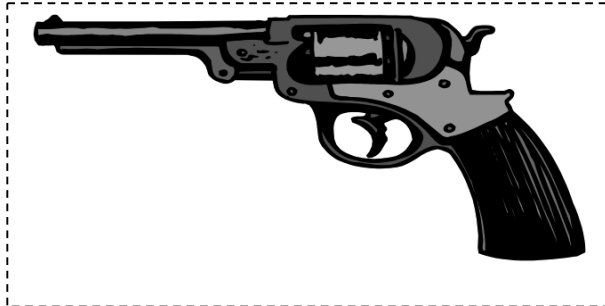


principal

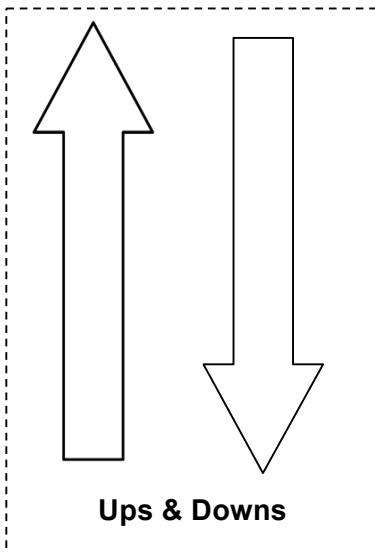
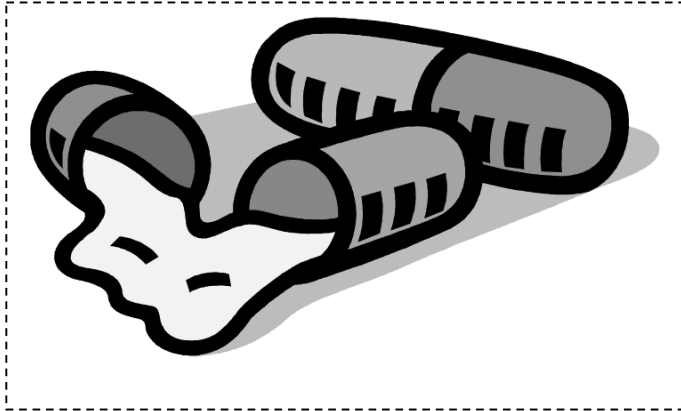
Lights! Camera! Action!
Movie Pieces Cutout



Lights! Camera! Action!
Movie Pieces Cutout



Lights! Camera! Action!
Movie Pieces Cutout



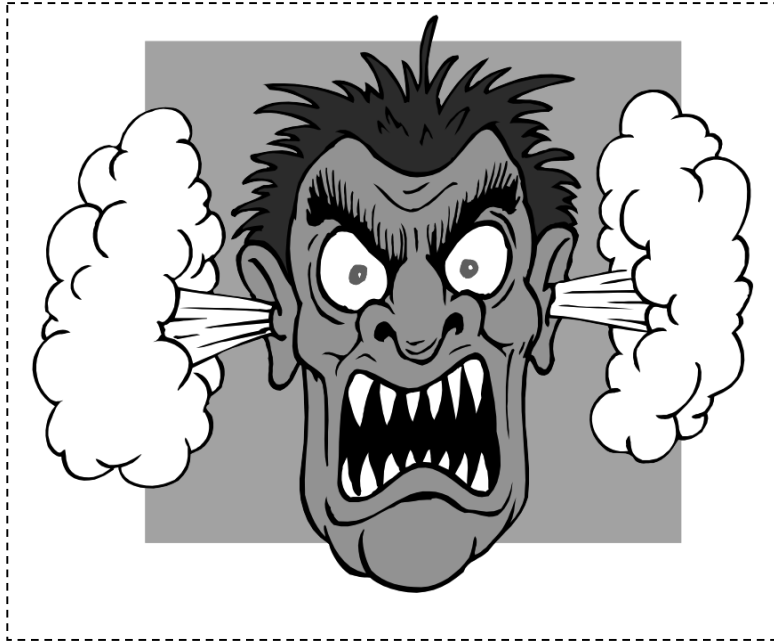
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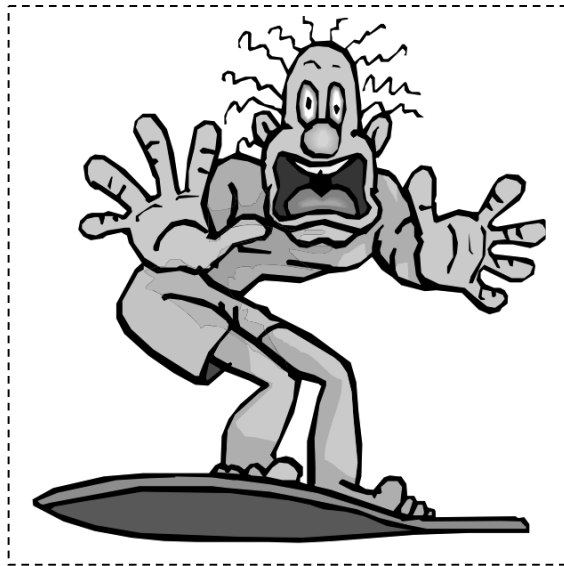
Lights! Camera! Action! Movie Pieces Cutout



Lights! Camera! Action!
Movie Pieces Cutout



Lights! Camera! Action!
Movie Pieces Cutout



Lights! Camera! Action!
Movie Pieces Cutout

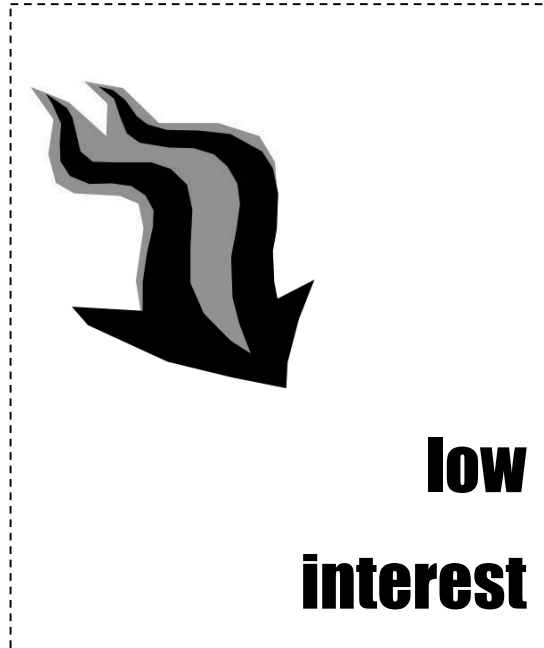
Tunnel Vision



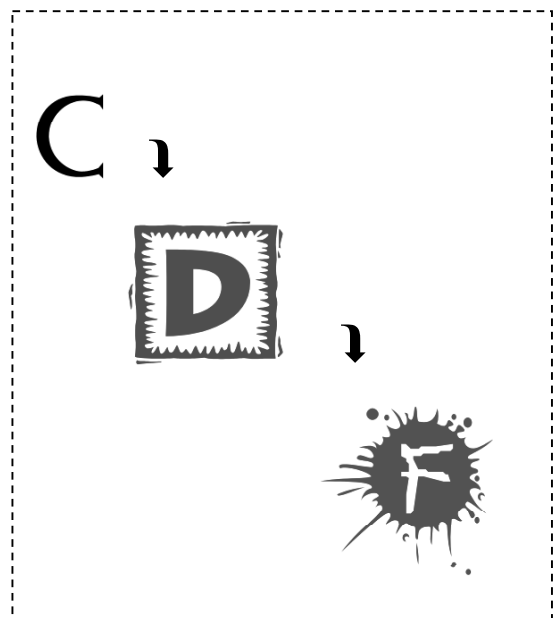
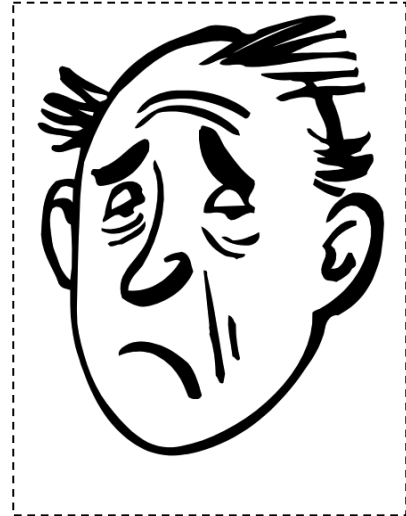
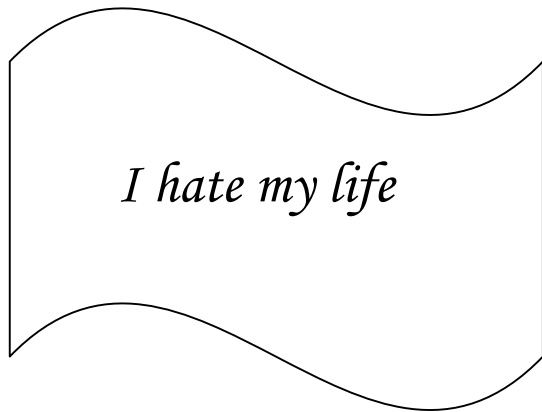
UPSET!



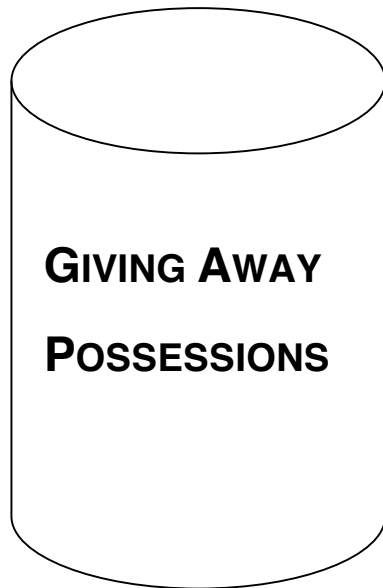
Lights! Camera! Action!
Movie Pieces Cutout



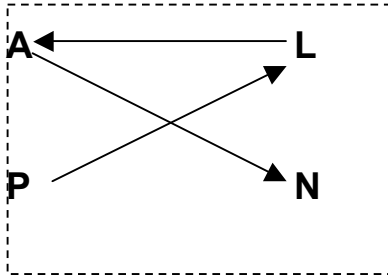
Lights! Camera! Action!
Movie Pieces Cutout



Lights! Camera! Action!
Movie Pieces Cutout



Lights! Camera! Action!
Movie Pieces Cutout



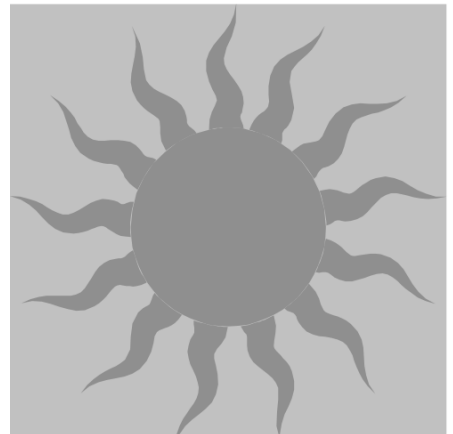
INTERVENTION

HOTLINE



RESPOND

CARING



Apples to Apples

The goal of this review game is to provide practice in justifying the key knowledge and skills the student has learned in the previous lesson.

Student Instructions

You now have successfully covered and reviewed the important knowledge, skills, and attitudes presented in the previous lessons/assessments. Your task is to play this review game in teams of five. Each of you will receive four descriptor cards.

There is one judge of the round. The judge position rotates like the dealer for a hand of cards. Therefore, there is a new judge for each round. When the judge picks up a noun card from the noun pile, all the other players, not including the judge, will lay down, face down one at a time, descriptor cards that the participants believe fit the noun.

The first four cards on the table are the cards the judge uses to make his/her determination as to what is the descriptor most closely connected to the noun. The judge mixes up the cards so she/he doesn't know who set down what card. The judge determines which descriptor best fits the noun. The judge mentally connects all four descriptors to the noun in some way. Then the judge explains why he/she chose the card he/she did. If you are one of the players, you can try to convince the judge to change his/her answer. But the final decision is up to the judge of that round. The person whose descriptor got picked keeps the noun card. Each person makes sure that they must have four descriptor cards in their hand at the beginning of each round. If not, they pick from the pile. The judging position then moves to the next person. The first person to collect five cards (or a number of cards designated by your teacher) is the winner.

Teacher Information

Learning Objectives

The student will be able to:

1. Justify information related to suicide prevention.
2. Present information related to suicide prevention in a convincing way.

Curriculum Connections

Family and Consumer Science, Language Arts

Overview

There are a number of ways to process student knowledge, skills, and attitudes. The use of a review game is one way that this can happen. The game “Apples to Apples,” helps students connect key vocabulary about suicide in a valuable way. Here is the outline of how the game is played:

Under your instruction your class now has successfully covered and reviewed the important knowledge, skills, and attitudes presented in the previous lessons/assessments. The class’s task is to play this review game in teams of five. Each participant in the team of five will receive four noun cards.

There is one judge of the round. The judge position rotates like the dealer for a hand of cards. Therefore, there is a new judge for each round. When the judge picks up a noun card from the noun pile all the other players, not including the judge, will lay down descriptor cards, face down one at a time, that the participants believe relate or fit the noun.

The judge uses the first four cards on the table to make his/her determination as to what is the one most closely connected to the descriptor. The judge mixes up the cards so she/he doesn’t know who set down what card. The judge determines which descriptor best fits or connects to the noun. The judge mentally connects all four descriptors to the noun in some way. Then the judge explains why he/she chose the card he/she did. The person whose descriptor was picked keeps the noun card. Each person makes sure that he/she must have four descriptor cards in their hand at the beginning of each round. If not, they pick from the pile. The judging position then moves to the next person. The first person to collect five cards (or a number designated by you) is the winner.

Requirements

The students should have received lessons focusing in on the warning signs, the A.C.T. principal, myths/facts surrounding suicide, and key mental and emotional health contacts in the community. The teacher should rotate to the groups and observe both the judge’s justification for his/her choice, as well as the player’s ability to convince the judge to change the choices. When assessing each game, look for the following:

- The ability of the judge to describe the level of connection of each description.
- The ability of the player to defend the description card he put down.

Time

This task will take one class period (45 minutes).

Materials

One game packet for each of the five students.

Instruction

Instruction about suicide myths and facts, the warning signs surrounding suicide, key contacts in the community to address mental and emotional health issue, and practicing the use of A.C.T. to handle potential suicide situations.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Student Response

The results of the game will vary.

Descriptors

Overdose	Life Skills	Teenagers
Details	Conflicts	Positive
Communication Skills	Break ups	Slow

Urgent	Suicidal	Emptiness
Inconsistent	Healthy	Personality
Reckless	Worthlessness	Relationships

Helpful	Loving	Happy
Dangerous	Useful	Sad
Supportive	Safe	Crazy

Dysfunctional	Vulnerable	Lethal
Trustworthy	Traumatic	Courageous
Negative	Fast	Hopeless

Nouns

S.O.S.	Friends	I Messages
Risk Factors	A.C.T.	Family
Knife	Conflicts	Suicide
Intervention	Gun	Secrets

Prevention	Hot Lines	Self Esteem
Life	Psychologists	Counselors
Myths	Death	Drugs
Stress	Help	You

School	Columbine	Bully
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The Crisis Card

The goal for this lesson is to have students find prevention resources in their school and community.

Student Instructions

Many young people are faced with crises everyday that would be helped with the assistance of a trained, licensed professional. Some of these crises have led to threats of suicide. Your task is to develop a crisis emergency card to place in your purse or wallet. The title of your card will be called LIFELINES and will consist of the following pieces. The front side of the card will have the following:

Life	Lines
Warning Signs of Suicide 1.	What to do when faced with a suicide threat:

At the end of the assignment, you are to write a one-paragraph reason for choosing the places you put on your crisis card. What makes this source valid? Or you can fill out the rubric on one of the ads you used in your crisis card.

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*I'm so happy, cause
today I found my
friends, they're in
my head.*
—Kurt Cobain

The back side of the card will focus on key phone numbers to deal with youth crises.

Key Organizations	Numbers
1.	

Assessment Criteria

Answers may be scored on the following:

1. How well you show that you understand health concepts as they relate to suicide prevention.
2. How well you show how to access information regarding teen crises.

Teacher Information

Learning Objectives

The student will be able to:

1. Access accurate information about school/community resources to prevent suicide.
2. Demonstrate the ability to find qualified suicide prevention services in the community.

Curriculum Connections

Language Arts, Social Studies, Peer Mediation, Family and Consumer Education, At-Risk Groups or Classes

Overview

The student will create a crisis information card that will be placed in the student's purse or wallet. One side will present information on Warning Signs of Suicide and positive ways of handling a suicide threat. The other side will include key phone numbers to contact professionals or facilities that provide crisis assistance. In addition, the students will write a paragraph justification for why they chose the sources they put on the card.

*Wherever I am I always
find myself looking out the
window wishing I was
somewhere else.*

—Angelina Jolie

Requirements

This product will be done on a white card stock and will use the same title for each student called LIFELINES.

Time

This activity will take one class period (45 minutes).

Materials

White card stock paper, computer (or pen if computers are not available); phone books and/or brochures should be used to access local phone numbers.

Instruction

A discussion of key community mental health resources should be included. Key people could include the crisis counselor from the community and pupil services professionals in the school. In addition, giving the students the handouts of key suicide resources will help students gain further knowledge about the issue on pages 68-73. Classroom instruction should include a discussion of the warning signs of suicide, the meaning of A.C.T. (acknowledge, care, tell) and handling suicide threats, and accessing key phone numbers in phone books and brochures. In addition, instruction on what makes a telephone source valid should take place.

Assessment Criteria

Answers can be scored on the following:

1. How well the student demonstrates knowledge and skills on concepts as they relate to suicide prevention.
2. How well the student accesses accurate information regarding teen crises.

	Wisconsin Health Education Standards
A	Disease prevention and health promotion
B	Health behavior—self-management
C	Goal setting and decision-making
D	Accessing accurate information
E	Impact of culture and media
F	Communication skills
G	Advocacy

Sample Response

Life	Lines
Warning Signs of Suicide Verbal suicide threats Previous suicide attempts Depression Giving away possessions Change in attitude (moods)	What to do when faced with a suicide threat: 1. Acknowledge threats are real. 2. Show care for the person you are concerned about. 3. Get help by immediately telling a relative or other responsible adult about the person threatening suicide.
Key	Numbers
Depression Suicide Hospital Emergency Poison Control Center Local Police	608-238-5175 608-280-2600 608-258-3214 608-262-3702 608-267-1109

Reasons for the above:

1. Helped friends they knew.
2. Had an ad that emphasized help for teens.

Scoring Rubric for Accessing Accurate Information to be used with the Final Lesson Called “Crisis Card”

To be used when evaluating telephone book ads for mental health services.

Name		Mental Health Facility			
Criteria	Performance Levels				
Information Content Theme Purpose	✓ sound medical personnel by title ✓ long history in the community ✓ addresses the health issue of concern	✓ sound medical personnel by title ✓ new clinic ✓ addresses the health issue of concern	✓ unknown medical title ✓ new clinic ✓ does not directly address the health issue of concern.		
Your Score	5	4	3	2	1
Organization Planning Format Age appropriate product	✓ outlines services provided ✓ information is well organized ✓ presents information appropriate for youth	✓ some services provided. ✓ promotion is hard to follow at times ✓ presents information for a wide age range but somewhat hard to follow..	✓ no significant services were outlined ✓ promotion is disorganized and jumbled ✓ information is not appropriate for youth		
Your Score	5	4	3	2	1
Resources References (where did you get information on this person or clinic)	✓ numerous sources are in the ad where you can get information on the provider ✓ professional references are generally accepted as well as referrals from trusted friends and relatives	✓ some sources are in the ad where you can get information on the provider ✓ most references in the ad seem sound but could also include people you know	✓ no outside sources were used or reported where you could get supportive information ✓ referral came from a questionable source such as a fellow classmate		
Your Score	5	4	3	2	1
Performance Average	Total Points				

Additional Suicide Resources

National Resources

American Association of Suicidology

AAS promotes research, public awareness programs, public education, and training for mental health professionals, researchers, suicide prevention/crisis intervention centers, school districts, survivors of suicide and a variety of lay persons who have an interest in suicide prevention.

www.suicidology.org
(202) 237-2280
info@suicidology.org

American Foundation for Suicide Prevention

The only national not-for-profit organization exclusively dedicated to funding research, developing prevention initiatives, and offering educational programs and conferences for survivors, mental health professionals, physicians and the public.

www.afsp.org
(888) 333-AFSP (2377)
inquiry@afsp.org

Gay, Lesbian and Straight Education Network (GLSEN)

The mission of GLSEN is to assure that each member of every school community is valued and respected regardless of sexual orientation or gender identity/expression.

www.glsen.org

Jed Foundation

The Jed Foundation is committed to reducing the young adult suicide rate by furthering understanding of the underlying causes of suicide, by increasing awareness of the issue of college student mental health and suicide, and by creating effective prevention programs on college campuses.

www.jedfoundation.org/
(212) 647-7544
emailus@jedfoundation.org

National Alliance on Mental Illness (NAMI)

The nation's largest grassroots mental health organization comprised of chapters in every state and many local communities. Programs and activities including public education and information; family and consumer peer education and support; advocacy; and public events.

www.nami.org
(800) 950-NAMI (6264)
www.namiwisconsin.org
(800) 236-2988
nami@namiwisconsin.org

National Association of School Psychologists

Go to National Association for School Psychologists website, www.nasponline.org, and do a search on the term "Suicide" or "Self-Mutilation" to link to useful handouts on each of these:

Times of Tragedy: Preventing Suicide in Troubled Children and Youth, 2 Parts
Save a Friend: Tips for Teens to Prevent Suicide
Questions and Answers: Suicide Intervention in Schools
After a Suicide: Answering Questions for Students
Understanding and Responding to Students Who Self-Mutilate
Understanding Students Who Self-Mutilate: Information for Educators

National Suicide Prevention Lifeline

Crisis centers in the network are equipped to take a wide range of calls from immediate suicidal crisis to information about mental health and referrals.

www.suicidepreventionlifeline.org
1-800-273-TALK (8255)

Substance Abuse and Mental Health Services Administration (SAMHSA)

This U.S. Department of Health and Human Services agency is focused on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders with resources including programs, policies and grants.

(877) 696-6775
<http://www.samhsa.gov/>

Suicide Awareness/Voices of Education (SAVE)

Committed to the education of the general public about the depressive brain diseases that, if left untreated, may result in suicide and to reduce the stigma associated with these diseases.

www.save.org
(888) 511- SAVE (7283)

Suicide Prevention Action Network USA (SPANUSA)

Dedicated to preventing suicide through public education and awareness, community engagement, and federal, state, and local grassroots advocacy. Includes resources for suicide prevention and resources for those who have lost a loved one to suicide.

www.spanusa.com

(202) 449-3600

info@spanusa.org

Suicide Prevention Resource Center (SPRC)

“The best of science, skills and practice; prevention support, training, and informational materials” to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. Includes a library of evidence-based practices.

www.sprc.org

(877) GET-SPRC (438-7772)

info@sprc.org

The Trevor Project

Suicide hotline for gay and questioning teens.

www.thetrevorproject.org

866-4-U-TREVOR (866) 488-7386

State Resources

Alliance for Wisconsin Youth

Works to support and enhance the capacity of coalitions in their prevention and positive youth development efforts.

www.allianceforwisconsinyouth.org

(800) 442-5772

Department of Public Instruction (DPI)

Student Services/Prevention and Wellness Team

Provides technical assistance, training, and resources, and facilitates school-district and community efforts to meet specific needs of students.

<http://dpi.wi.gov/sspw/suicideprev.html>

(608) 266-3960

GSA for Safe Schools

GSA is committed to safe middle schools and high schools for lesbian, gay, bisexual, transgender youths and all students.

www.gsaforsafeschools.org

Helping Others Prevent and Educate About Suicide (HOPES)

A nonprofit organization composed of volunteers. As suicide survivors, their losses have motivated them to action. Website includes a local Survivors of Suicide group listing and free support for communities working to end suicide.

www.hopes-wi.org

Prevent Suicide Wisconsin

The mission of Prevent Suicide Wisconsin is to reduce the number of suicides that take place in our state each year.

www.preventsuicidewi.org

Project Fresh Light

Latest research news, provider networking, best practices, and internet discussion board in relation to adolescent substance abuse treatment in Wisconsin.

www.projectfreshlight.org

Susan Endres

(608) 266-2476

endres@dhfs.state.wi.us

Wisconsin Clearinghouse for Prevention Resources

The Wisconsin Clearinghouse is a unit of University Health Services, University of Wisconsin-Madison. Provides education and training and includes a comprehensive resource center.

www.wch.uhs.wisc.edu

Nancy Kendall

(608) 262-9177 (800) 442-5772

wchpr@www.uhs.wisc.edu

Wisconsin Crisis Network

Meets on a quarterly basis to review trends and problem-solve, and to keep updated on, and try to influence, legislation affecting crisis services. A useful resource for support in the development of your crisis plans as well as information on best practices.

Bureau of Mental Health and Substance Abuse Services

(608) 266-0907

Wisconsin Family Ties

A statewide organization run by and for families that include children and adolescents who have emotional, behavioral, and mental disorders. Programs and services include advocacy, support groups, information and referral, and education.

www.wifamilyties.org

Joan Maynard

(608) 261-8773

joanm@wifamilyties.org

Wisconsin Suicide Prevention Initiative (SPI)

A public-private collaboration working to implement the Wisconsin Suicide Prevention Strategy.

Shel Gross

(608) 250-4368

shelgross@tds.net

